of Psychiatrists in the country. The MCI has reported that it has already granted permission during the years 2005 to 2008 for starting MD (Psychiatry) degree course to 18 institutes, DPM course to 7 institutes and increasing the number of seats in MD (Psychiatry) course to 4 Institutes. This has resulted in addition of 25 seats in MD (Psychiatry) course and 8 seats in DPM course.

(d) Under National Mental Health Programme, efforts are made to provide mental health services as a part of general health system. In this regard, Central Government supplements the State Governments' efforts through District Mental health Programme (DMHP), upgradation of Psychiatric Wings of Medical Colleges/General Hospitals and strengthening/modernisation of Mental hospitals to make them as therapeutic units. The Central Government has proposed to restrategise the National Mental Health Programme (NMHP) during the 11th five Year Plan to extend DMHP to more districts in the country in a phased manner. To address the acute shortage of qualified mental health professionals in the country, manpower development schemes under the NMHP for setting up of centres of excellence in mental health and PG training departments in mental health specialities are under active consideration. Training is also being provided to medical officers and health staff to implement the Programme. It has been proposed to intensify training using standard training modules both in terms of duration and frequency.

Progress made to control MMR and IMR by NRHM

638. SHRI B. J. PANDA:
MS. MABEL REBELLO:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to set up new medical facilities in under-developed States *i.e.* Madhya Pradesh, Orissa, Jharkhand etc. under the National Rural Health Mission (NRHM);

(b) if so, the details thereof;

(c) what is the progress that has so far been made to control MMR/IMR in Orissa, Jharkhand, Madhya Pradesh etc. under this Mission;

(d) what is the status of allocation of funds under this project to Orissa and Jharkhand States during 2008-09 fiscal;

(e) whether Orissa and Jharkhand States have made certain additional demands towards development of infrastructure facilities to improve their health card among the States; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Government of India has launched National Rural Health Mission (NRHM) in 2005 to provide accessible, affordable and quality health care to rural population, especially to the vulnerable section wherein financial assistance is given to the States/UTs for construction/maintenance/upgradation of rural Health Infrastructure in the States including Madhya Pradesh, Orissa and Jharkhand. Government of India bears the entire capital expenditure for construction/re-design of building in a phased manner over the mission period for construction and

upgradation of Primary Health Centres (PHCs) and Community Health Centres (CHCs). Besides this, assistance is provided to the States/U.Ts in the form of Untied Grants, Annual Maintenance Grants, Grants to Rogi Kalyan Samities/ Hospital Management Committees.

The upgradation of Rural Health Infrastructure i.e., Sub Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) is an ongoing process and depends on the priority of States, as reflected in their annual Programme Implementation Plan under NRHM. A Statement showing functioning of SC, PHCs and CHCs getting funding support under NRHM is are enclosed (*See* below).

(c) NRHM also includes the second phase of Reproductive and Child Health (RCH) Programme, which has been launched with effect from 1.4.2005 for a period of five years. The Programme aims to reduce Total Fertility Rate (TFR), Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) in the country. Under the Programme, flexibility is provided to the States to devise need based Programme implementation plan amongst other (i) address the unmet need for contraception; ii) promote skilled care at birth; (iii) increase coverage of immunization; (iv) introduce integrated Management of Neonatal and childhood Illness (v) enhance availability of facilities for institutional deliveries and emergency obstetric care; (vi) provide skilled care to pregnant women at the community level; (vii) improve coverage ante-natal and postnatal care and (viii) address other related reproductive, maternal and child health care needs of their respective populace.

(d) to (f) Under the NRHM, an amount of Rs.34397.70 lakhs and Rs.27837.83 lakhs has been allocated to the States of Orissa and Jharkhand respectively during the financial year 2008-09. The Government of India allocates flexible budgetary envelopes to the States and the Union Territories and the National Programme Coordination Committee approves the annual Programme Implementation Plans (PIPs) of the States and the Union Territories. The PIP contains plan of the State for development of infrastructure facilities also. Hence, the budgetary allocation for development of infrastructure facilities is included in the overall annual flexible pool allocation. The States of Orissa and Jharkhand has not sought additional budget over and above the flexible pool allocation for development of infrastructure facilities.

Statement

Number of sub-centres, PHCs and CHCs functioning

(As oh March, 2007)

Sl.No.	State/UT	Sub centre	PHCs	CHCs
1	2	3	4	5
1	Andhra Pradesh	12522	1570	167
2	Arunachal Pradesh	379	85	31
3	Assam	5109	610	100
4	Bihar	8909	1648	70
5	Chhattisgarh	4692	518	118
6	Goa	172	19	5

1	2	3	4	5
7	Gujarat	7274	1073	273
8	Haryana	2433	411	86
9	Himachal Pradesh	2071	443	71
10	Jammu and Kashmir	1888	374	80
11	Jharkhand	3958	330	194
12.	Karnataka	8143	1679	254
13	Kerala	5094	909	107
14	Madhya Pradesh	8834	1149	270
15	Maharashtra	10453	1800	407
16	Manipur	420	72	16
17	Meghalaya	398	103	26
18	Mizoram	366	57	9
19	Nagaland	397	84	21
20	Orissa	5927	1279	231
21	Punjab	2858	484	126
22	Rajasthan	10612	1499	337
23	Sikkim	147	24	4
24	Tamil Nadu	8683	1181	236
25	Tripura	579	75	10
26	Uttarakhand	1765	232	49
27	Uttar Pradesh	20521	3660	386
28	West Bengal	10356	922	346
29	Andaman & Nicobar Islands	108	20	4
30	Chandigarh	13	0	2
31	Dadra & Nagar Haveli	38	6	1
32	Daman & Diu	21	3	1
33	Delhi	41	8	0
34	Lakshadweep	14	4	3
35	Puducherry	77	39	4
	All India	145272	22370	4045

Closure of vaccine units

639. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: